

1648

PATENT

ATTORNEY DOCKET NO. UCSF.002.01US

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Vishwanath R. Lingappa *et al.* ) Examiner: Winkler, Ulrike  
Serial No.: 10/040,206 )  
Filed: January 2, 2002 )  
Title: HIV Capsid Assembly-Associated )  
Compositions and Methods ) TRANSMITTAL LETTER  
 )  
 )

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith are the following documents in the above-identified application:

- Small entity status of this Application under 37 CFR 1.9 and 1.27 has been established by a Verified Declaration previously submitted.
- A Verified Declaration of Small Entity Status Under 37 CFR 1.9 and 1.27 is enclosed.
- Response to Office Action.
- Amendments to the Claims.

CERTIFICATE OF FIRST CLASS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

October 2, 2003

(Date of Deposit)

Matthew Bogner

(Signature)

Matthew Bogner

(Printed Name)

**PATENT**

**ATTORNEY DOCKET NO. UCSF.002.01US**

Petition for Extension of Time (QUANTITY).

Also enclosed:

Return postcard (postage prepaid).  
 Terminal Disclaimer under 37 CFR 1.20(d).

The fees have been calculated as shown below:

<u>Claims</u>	<u>Before</u>	<u>After</u>	<u>Extra</u>	<u>Small Entity</u>	<u>Large Entity</u>
Total:			0	x \$9 = \$0.00	x \$18 = \$0.00
Indep:			0	x \$42 = \$0.00	x \$84 = \$0.00
Mult:	no	no	0	\$0.00	\$0.00

**Total Additional Claims Fee:** **\$ 0.00**

Extension of Time Fee	Small Entity	Large Entity
[ ] One Month	\$ 55.00	\$ 110.00
[ ] Two Months	\$205.00	\$ 410.00
[ ] Three Months	\$465.00	\$ 930.00
[ ] Four Months	\$725.00	\$1450.00
[ ] Five Months	\$985.00	\$1970.00

**Total Extension of Time Fee:** **\$ 0.00**

Other fees (list individually):

<b>Total Other Fees:</b>	<b>\$ 0.00</b>
<b>Terminal Disclaimer / 37 CFR 1.20(d)</b>	<b>\$ 0.00</b>
<b>TOTAL FEES:</b>	<b>\$ 0.00</b>

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[ ] A check including the amount of the above-indicated TOTAL FEES is attached.

[ ] Please charge Deposit Account No. 18-0020 in the amount of \$[FILL IN AMOUNT].

[X] No fee is required.

[X] Conditional Petition for Extension of Time: An extension of time is requested in the present and/or the above-referenced parent application to provide for timely filing if an extension of time is still required after all papers filed with this transmittal have been considered.

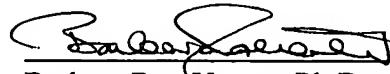
[X] The Commissioner is hereby authorized to charge any underpayment of the following fees associated with this communication, including any necessary fees for extension of time, or credit any overpayment to Deposit Account No. 18-0020.

[X] Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

[X] Any parent application processing fees under 37 CFR 1.17.

[X] A duplicate copy of this sheet is attached for accounting purposes.

Respectfully submitted,

Dated: October 2, 2003  
\_\_\_\_\_  
Barbara Rae-Venter, Ph.D.  
Reg. No. 32,750

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PO Box 1898  
Monterey, CA 93942-1898  
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BRV/mnb



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Serial No.: 10/040,206

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Title: HIV Capsid Assembly-Associated  
Compositions and Methods

) Examiner: Winkler, Ulrike

)

) Art Unit: 1648

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) **RESPONSE TO OFFICE ACTION**

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This is in response to the Office Action mailed July 2, 2003 and is submitted on or before October 2, 2003. Reconsideration and examination are requested.

No amendments have been made at this time to the Claims. The text of the Claims as currently pending is set forth on the attached Amendments to the Claims.

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October 2, 2003  
(Date of Deposit)

Barbara Rae-Venter  
(Signature)

Barbara Rae-Venter  
(Printed Name)

RECEIVED  
OCT 08 2003  
TECH CENTER 1600/2900